

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

RECEIPT NO.

38093

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		2		/			53						
4		0		/			54						
5		0		/			55						
6		0		/			56						
7		0		/			57						
8		0		/			58						
9		0		/			59						
10		0		/			60						
11	/		/				61						
12		2		/			62						
13		2		/			63						
14	/		/				64						
15	/		/				65						
16	/		/				66						
17		/		/			67						
18		/		/			68						
19		3		/			69						
20		3		/			70						
21	/		/				71						
22	/		/				72						
23		2		/			73						
24		2		/			74						
25		/		/			75						
26		0		1/2			76						
27		0		3			77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7		7				TOTAL IND.						
TOTAL DEP.	25		23				TOTAL DEP.						
TOTAL CLAIMS	32		30				TOTAL CLAIMS						